

**Indemnity and Waiver of Liability**  
**Great Commission Fellowship Church, Inc. ("GCF")**  
**Sports Camps**

I, the undersigned, desire for my child \_\_\_\_\_ ("Child") to participate in the **2019 GCF Sports Camp** ("Camp") to be held on Sunday, May 5, 2019 at Warner Elementary in Nicholasville, Kentucky.

In consideration of my Child's participation in the Camp, I hereby agree as follows:

1. I am aware that the Camp involves physical activity, exercise, physical exertion, competition, and occasional physical contact with other campers and participants of the Camp. Additionally, I am aware that there are inherent risks of injury involved in such activities that may arise from my Child's involvement in the Camp.
2. I acknowledge that my Child is currently not suffering from, nor has suffered from, any physical and/or mental disability which would preclude my Child's active participation in the Camp. Additionally, I acknowledge that my Child suffers from no physical or mental conditions that may endanger my Child or other campers or participants from participation in the Camp. I acknowledge that it is my responsibility to determine with my Child whether my Child is sufficiently fit and healthy to safely participate in the Camp.
3. **I hereby release and forever hold harmless, GCF, its staff, leadership, members, volunteers and representatives (collectively, the "Church") from any and all liability that may arise from my Child's participation in the Camp. Additionally, I release the Church from any causes of action that may incur to me, my Child, heirs or representatives, from any injury or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp.**
4. **I furthermore release, indemnify, and hold harmless the Church from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person(s) or property that I or my Child may suffer or incur, for which I or my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp.**
5. **In the event of an accident or serious illness, I hereby authorize representatives of the Church to obtain medical treatment for my Child. I hereby hold harmless and agree to indemnify the Church from any and all claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur to my Child during my Child's participation in the Camp.**

**SIGNATURE IS REQUIRED:**

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

(Please complete the backside.)

**Which session is your child attending?    Soccer    or    Basketball**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Are There Allergies, Medical Conditions or Other Issues We Should Be Aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons Permitted to Pick Up Participant:

\_\_\_\_\_

**THE GREAT COMMISSION FELLOWSHIP, INC PHOTO RELEASE FORM 2019**

By signing below, I hereby grant the Great Commission Fellowship permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Great Commission Fellowship and will not be returned.

I hereby irrevocably authorize the Great Commission Fellowship to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Great Commission Fellowship from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM THE PARENTS/GUARDIAN of \_\_\_\_\_. I ACCEPT:

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Parent and/  
Legal Guardian

\_\_\_\_\_  
Date